Guidelines

- Evans, L. et al. Surviving sepsis campaign: international guidelines for management of sepsis and septic shock 2021. Intensive Care Med. 2021; 47:1181-1247.
- Barlam, T et al. Implementing an Antibiotic Stewardship Program: Guidelines by the Infectious Disease Society of America and the Society for Healthcare Epidemiology of America. Clin Infect Dis. 2016; 62(10)e51-77.

Additional guidelines can be found on the Surviving Sepsis Campaign website: https://www.sccm.org/survivingsepsiscampaign/guidelines

References

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- 2. Kumar A, et al. Crit Care Med. 2006; 34(6):1589-96.
- 3. Lu, et al., ID Week 2019, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6811262/
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- 10. Messacar K., et al. (2016). J Pediatric Infect Dis Soc: pp1-9.
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- 12. Overall performance is the aggregate of the prospective, archived, and seeded data from the clinical studies. Data on file, BioFire Diagnostics.

Performance

99.0% sensitivity and 99.7% specificity¹²

Panel Specifications

Sample Type: positive blood culture

Sample Volume: 0.2 mL



1 Test. 43 Targets. ~1 Hour.

GRAM-NEGATIVE BACTERIA

Acinetobacter calcoaceticusbaumannii complex Bacteroides fragilis Enterobacterales

Enterobacter cloacae complex

Escherichia coli

Klebsiella aerogenes

Klebsiella oxytoca

Klebsiella pneumoniae group

Proteus spp.

Salmonella spp.

Serratia marcescens

Haemophilus influenzae

Neisseria meningitidis

Pseudomonas aeruginosa Stenotrophomonas maltophilia

GRAM-POSITIVE BACTERIA

Enterococcus faecalis Enterococcus faecium Listeria monocytogenes Staphylococcus spp. Staphylococcus aureus Staphylococcus epidermidis Staphylococcus lugdunensis Streptococcus spp.

Streptococcus agalactiae Streptococcus pneumoniae

Streptococcus pyogenes

YEAST

Candida albicans Candida auris Candida glabrata Candida krusei Candida parapsilosis Candida tropicalis Cryptococcus (C. neoformans/

ANTIMICROBIAL RESISTANCE GENES

Carbapenemases

IMP

KPC

C. gattii)

OXA-48-like

NDM

VIM

Colistin Resistance

mcr-1

ESBL CTX-M

Methicillin Resistance

mecA/C

mecA/C and MREJ (MRSA)

Vancomycin Resistance vanA/B

Product availability varies by country. Consult your bioMérieux representative.

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Learn more about the BIOFIRE range of commercially-available panels for syndromic infectious disease diagnostics.



















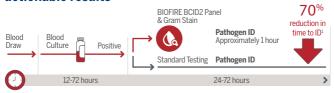
Clinical Impact of the BIOFIRE® Blood Culture Identification 2 (BCID2) Panel

43
TARGETS
~1hr

BIOFIRE® Syndromic Testing The right test, the first time

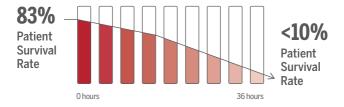
BIOFIRE syndromic testing allows fast identification of infectious agents that produce similar symptoms in patients.

Streamline workflow and provide fast, actionable results



Early Bloodstream Infection (BSI) Pathogen Identification is Essential

For every hour of delay in initiation of effective antimicrobial treatment following onset of hypotension in patients with septic shock, patient survival declines 7.6%.²



In about an hour, the BIOFIRE® Blood Culture Identification 2 (BCID2) Panel identifies pathogens in more than 9 out of 10 positive blood cultures.³



Who Should Get Tested

Positive blood cultures from adult and pediatric patients with monomicrobial or polymicrobial bloodstream infections.



Children and adults



Elderly patients



High-risk patients: immuno-compromised or with co-morbidities



Critically ill patients

Timely, Accurate Diagnosis Leads to Better BSI Outcomes

In combination with appropriate antimicrobial stewardship, the BIOFIRE® Blood Culture Identification 2 (BCID2) Panel:



Decreases time to effective therapy.^{4,5}



Reduces hospital costs,⁶ including by reducing repeat blood cultures and length of stay.⁷



Improves time to antimicrobial de-escalation.^{1,8,9}



Lessens unnecessary antibiotic use. 4,6,7,8,10

Fast Identification Improves Antimicrobial Stewardship





Recommendations Result In Appropriate Therapy

The fast results provided by BIOFIRE® Blood Culture Identification 2 (BCID2) Panel have a substantial impact on decision making:

"Antimicrobial treatment could have been changed in nearly half (23/51, 45.1%) of the cases, leading either to the introduction of a broader-range antibiotic (7/51, 13.7%) to improve therapy or the use of antibiotic with a narrower spectrum of activity, supporting good antimicrobial stewardship practice."

